

M24000002771

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

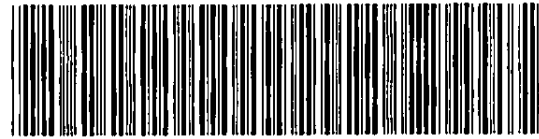
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer

W24-32385

Office Use Only



300424291803

2024 FEB 26 AM 11:11

RECEIVED

2024 FEB 26 AM 10:22

RECEIVED

ALLAHASSEE, FLORIDA

MAR 04 2024

K. Brumbley



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 27, 2024

CT

CORRECTED
Please Allow For
Same File Date

SUBJECT: PRIMARY CARE PLLC
Ref. Number: W24000032385

We have received your document for PRIMARY CARE PLLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.," also are no longer acceptable.

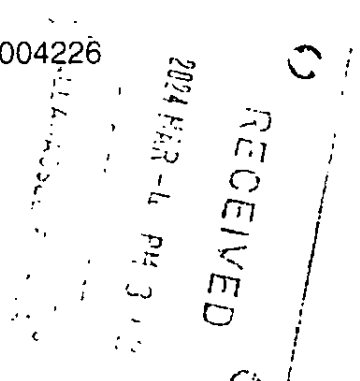
The document number of the name conflict is L15000086056.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

Letter Number: 724A00004226



CT CORP
(850) 656-4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 02/23/2024

Acc#I20160000072

en: c DW

Name:	Primary Care PLLC
Document #:	
Order #:	15397680 - 1

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:

cvssosfilings@CVSHealth.com

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **155.00**

Thank you!

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Primary Care PLLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Melanie K. St Angelo

Name of Person

CVS Health

Firm/Company

1 CVS Drive, MC 1160

Address

Woonsocket, RI 02895

City/State and Zip Code

cvssosfilings@CVSHealth.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melanie K. St Angelo

401

770-3565

Name of Contact Person

at (_____) _____

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☒ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA**

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Primary Care PLLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Primary Care Florida LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Connecticut 3. 88-1876483
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 04/01/2024
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1 CVS Drive 6. 1 CVS Drive
(Street Address of Principal Office) (Mailing Address)

Woonsocket, RI 02895

Woonsocket, RI 02895

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

By: 
(Registered agent's signature)
Stephen Rullis, Asst. Secretary

2024 FEB 26 AM 11:11

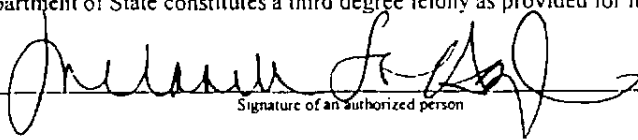
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: <u>CVS Healthcare Practices PLLC</u>	<input type="checkbox"/> Manager	Name: <u>David G. Fairchild, M.D.</u>
<input checked="" type="checkbox"/> Member	Address: <u>1 CVS Drive</u>	<input type="checkbox"/> Member	Address: <u>1 CVS Drive</u>
<input type="checkbox"/> Authorized	<u>Woonsocket, RI 02895</u>	<input type="checkbox"/> Authorized	<u>Woonsocket, RI 02895</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Other <u>President</u>	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Terrence D. Morton, Jr., M.D.</u>	<input type="checkbox"/> Manager	Name: <u>Melanie K. St Angelo</u>
<input type="checkbox"/> Member	Address: <u>1 CVS Drive</u>	<input type="checkbox"/> Member	Address: <u>1 CVS Drive</u>
<input type="checkbox"/> Authorized	<u>Woonsocket, RI 02895</u>	<input checked="" type="checkbox"/> Authorized	<u>Woonsocket, RI 02895</u>
Person	_____	Person	_____
<input checked="" type="checkbox"/> Other <u>Treasurer/Sec.</u>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



 Signature of an authorized person

 Melanie K. St Angelo

 Typed or printed name of signee

Secretary of the State of Connecticut

Certificate of Legal Existence

Certificate of Legal Existence Certificate

Date Issued: Friday, February 23, 2024 3:00 PM

I, the Connecticut Secretary of the State, and keeper of the seal thereof, do hereby certify, that the certificate of organization for the below domestic limited liability company was filed in this office.

A certificate of dissolution has not been filed, and so far, as indicated by the records of this office, such limited liability company is in existence.

Business Details

Business Name	Primary Care PLLC
Business ALEI	US-CT.BER:2537079
Formation Date	04/12/2022



Secretary of the State